

Certificate of Express Mailing Under 37 CFR 1.10

EV835932715-US

on June 21, 2006
Date

LB

Signature _____

Typed or printed name of person signing Certificate

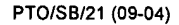
Registration Number, if applicable

Telephone Number

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

Transmittal Form (1 page)
 Fee Transmittal (1 page)
 Amendment Transmittal Letter (1 page)
 Amendment in Response to Non-Final Office Action (14 pages)
 Check No. 12072 in the amount of \$200.00
 Return Receipt Postcard

IFW \$

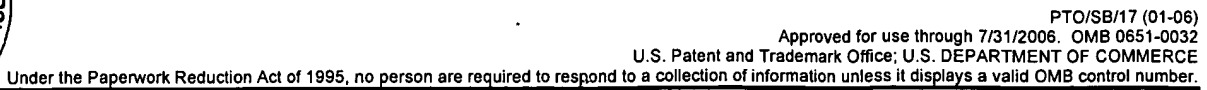


U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Certificate of Express Mailing; Amendment Transmittal Letter; Check in the amount of \$200; and Return Receipt Postcard
<div style="border: 1px solid black; height: 40px; margin-top: 10px;"></div>		

{W:\09871\0200096us0\00780518.DOC {XX}}



FEE TRANSMITTAL

For FY 2006

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT	(\$)	200.00
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Complete if Known

Application Number	10/676,327-Conf. #6524
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Filing Date	September 30, 2003
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First Named Inventor	Minoru Takatsuka
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Examiner Name	T. J. Stigell
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Art Unit	3763
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Attorney Docket No.	09871/0200096-US0
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☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):

Deposit Account	Deposit Account Number: <u>04-0100</u>	Deposit Account Name: <u>Darby & Darby P.C.</u>
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For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below

☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17

<input checked="" type="checkbox"/>	Credit any overpayments
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1. BASIC FILING, SEARCH, AND EXAMINATION FEES

	FILING FEES		SEARCH FEES		EXAMINATION FEES		
		Small Entity		Small Entity		Small Entity	
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

Fee Description

Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
19	- 20 =	x	=

HP = highest number of total claims paid for, if greater than 20.

<u>Indep. Claims</u>		<u>Extra Claims</u>		<u>Fee (\$)</u>		<u>Fee Paid (\$)</u>
4	- 3 =	1	x	200.00	=	200.00

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE


If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 100 =	/50	(round up to a whole number) x	=	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge):

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent) 47,522	Telephone (212) 527-7791
Name (Print/Type)	Louis J. DeJuidice	Date	June 21, 2006

AMENDMENT TRANSMITTAL LETTER		Docket No. 09871/0200096-USO	
Application No. 10/676,327-Conf. #6524	Filing Date September 30, 2003	Examiner T. J. Stigell	Art Unit 3763

Applicant(s): Minoru Takatsuka et al.

Invention: ELECTRIC SYRINGE FOR DENTAL ANESTHETIC

TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.
 The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	19	- 20 =		x	
Independent Claims	4	- 3 =	1	x 200.00	200.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					200.00

☒ Large Entity
 ☐ Small Entity

☐ No additional fee is required for this amendment.

☐ Please charge Deposit Account No. 04-0100 in the amount of \$ _____.

☒ A check in the amount of \$ 200.00 to cover the filing fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☒ The Director is hereby authorized to charge and credit Deposit Account No. 04-0100 as described below.

☒ Credit any overpayment.

☒ Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.

Louis J. DeJurdice
 Attorney/Agent Reg. No.: 47,522

 DARBY & DARBY P.C.
 P.O. Box 5257
 New York, New York 10150-5257
 (212) 527-7783

Dated: June 21, 2006

Docket No.: 09871/0200096-US0
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

**In re Patent Application of:
Minoru Takatsuka et al.**

Application No.: 10/676,327

Confirmation No.: 6524

Filed: September 30, 2003

Art Unit: 3763

For: ELECTRIC SYRINGE FOR DENTAL
ANESTHETIC

Examiner: Theodore J. Stigell

AMENDMENT IN RESPONSE TO NON-FINAL OFFICE ACTION

MS Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

INTRODUCTORY COMMENTS

In response to the Office Action dated March 28, 2006, please amend the above-identified U.S. patent application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 10 of this paper.

06/23/2006 MBLANCO 00000022 10676327

01 FC:1201

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